

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/591852**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14	1					
15		1				
16		1				
17		1				
18		1				
19	misnumbered					
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29	1					
30	1					
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	7	↓	0	↓	0	↓
TOTAL DEP.	42	←	0	←	0	←
TOTAL CLAIMS	49		0		0	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55	1					
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65	1					
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75	1					
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82	1					
83		1				
84		1				
85		1				
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4	↓	0	↓	0	↓
TOTAL DEP.	31	←	0	←	0	←
TOTAL CLAIMS	35		0		0	